FORM 105

COUNTY INDIGENT HEALTH CARE PROGRAM MONTHLY FINANCIAL REPORT

County Name TOM GREEN

Report for Month/Year 12/2007

Amendment of the Report for Month/Year 12/2007

I. REIMBURSABLE EXPENDITURES during This Report Month

Physician Services	1.	\$5,024.94		
Prescription Drugs	2.	\$10,672.35		
Hospital, Inpatient Services	3.	\$24,619.33		
Hospital, Outpatient Services	4.	\$11,971.77		Called an Berlind Called Science (1994) the American Science (1994) and an American (1994) and a Science assessment (1994) and a Science (1994) and a Scienc
Laboratory/X-Ray Services	5.	\$1,181.89		endative for metal time and endological problems planeties in 60 Octobrillo planeties in one of the control of
Skilled Nursing Facility Services	6.	\$0.00		
Family Planning Services	7.	\$0.00		
Rural Health Clinic Services	8.	\$0.00		
State Hospital Contracts	9.	\$0.00		
Optional Health Care Services	10.	\$2,720.37		
Total Expenditures (Add #1 through #10)			11.	\$56,190.65
Reimbursements Received (Do not include State Assistance.)	12.	(\$13,501.79)	1	
6% Eligibility System Review Findings (\$ in error)	13.	(\$0.00)		
Total to be deducted (Add #12 + #13)	Security (a Hilland, entered)		14.	(\$13,501.79)
Applied to State Assistance Eligibility/Reimbursement (#11 minus #14)		отогородникова е дительной систомиров или из ей обо от очено единов изованивации в изованив	15.	\$42,688.86

II. EXPENDITURE TRACKING for State Assistance Funds Eligibility/Reimbursement **TOTAL EXPENDITURE TRACKING for Current State Fiscal Year (9/1-8/31)** \$ 350,860.39 GRTL \$ 24,011,775.00

6% of GRTL \$ 1,440,706.50

8% of GRTL \$ 1,920,942.00

01/14/2008